

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 184
Registered No. 184

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Gerre or Village _____
City Globe No. _____ (If birth occurred in hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____

2. Full name of child Mary Elizabeth Hunter
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? Yes
7. Date of birth Oct 1, 1931
Month _____ Day _____ Year _____

8. FATHER
Full name Eddie L. Hunter
9. Residence (Usual place of abode) Globe, Ariz
If non-resident, give place and state.
10. Color or race White
11. Age at last birthday 39 (Years)
12. Birthplace (city or place) Illinois
(State or country)
13. Occupation
Nature of Industry Laborer

14. MOTHER
Full maiden name Idene Kirby
15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.
16. Color or race White
17. Age at last birthday 32 (Years)
18. Birthplace (city or place) Arizona
(State or country)
19. Occupation
Nature of Industry H. Wipe

20. Number of children of this mother 6
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn)
Signature L. E. Englishman M.D. 3:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report _____
Month _____ day _____ year _____
Address Globe Ariz
Filed 11/7 1931 L. E. Englishman Registrar